

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6875</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Asa</u> <u>A</u> <u>Summers</u> P.O. Box, Bldg., Room No., if any <u>10156</u> Street <u>Chenevert Road</u> City <u>Waggaman</u> State <u>Louisiana</u> ZIP Code + 4 <u>70094-2057</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local 1700-4</u> Labor Organization File Number <u>511305</u> P.O. Box, Building and Room Number, if any <u>10156</u> Street <u>Chenevert Road</u> City <u>Waggaman</u> State <u>Louisiana</u> ZIP Code + 4 <u>70094-2057</u>
5. Position in labor organization. <u>Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>\$0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Asa Summers

On

08/08/2005

Date

504-236-1706

Telephone Number

Name of Person Filing Asa Summers	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Holland Capital Management"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite700"/></p> <p>Street <input type="text" value="One North Wacker Dr."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="TMSEL Retirment Income Plan"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="6700"/></p> <p>Street <input type="text" value="Plaza Drive"/></p> <p>City <input type="text" value="New Orleans"/></p> <p>State <input type="text" value="Louisiana"/> ZIP Code + 4 <input type="text" value="70127-2677"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Investment manager to pension fund"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Lunch April 15 2005 \$40"/></div> <p>12.b. Amount. <input type="text" value="\$40"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="N/A"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text" value="N/A"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$0"/></p>

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Westcap Investments

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 11111

Street Santa Monica Blvd. Suite 820

City Los Angeles

State California ZIP Code + 4 90025

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TMSEL Retirement Income Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6700

Street Plaza Drive

City New Orleans

State Louisiana ZIP Code + 4 70127-2677

11.a. Nature of such dealing.

Investment manager to pension fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner October 21 \$60

12.b. Amount.

\$60

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name TMSEL Retirment Income Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6700

Street Plaza Drive

City New Orleans

State Louisiana ZIP Code + 4 70127-2677

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TMSEL Retirment Income Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6700

Street Plaza Drive

City New Orleans

State Louisiana ZIP Code + 4 70127-2677

11.a. Nature of such dealing.

Trustee training

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

International Foudation Conference New orleans,
November 2004
Registration \$915
Hotel \$578.91
Perdium \$320

12.b. Amount.

\$1,814

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Franklin Templeton Private Client Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Bldg. 910

Street 1 Franklin Pkwy 3rd Floor

City San Mateo

State California ZIP Code + 4 94403

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TMSEL Retirement Income Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6700

Street Plaza Drive

City New Orleans

State Louisiana ZIP Code + 4 70127-2677

11.a. Nature of such dealing.

Investment Managerto pension fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner July 15 2004 \$60

12.b. Amount.

\$60